

東洋大学学術情報リポジトリ Toyo University Repository for Academic Resources

Introducing AmeriCares in Tohoku : with Focus on Horticultural Therapy (Special Issue on NGO Operations in Disaster-hit Areas of Tohoku)

著者	櫻井 杏子
著者別名	SAKURAI Kyoko
journal or publication title	Journal of regional development studies
number	17
page range	24-29
year	2014-03
URL	http://id.nii.ac.jp/1060/00006590/

Introducing AmeriCares in Tohoku: with Focus on Horticultural Therapy

Kyoko SAKURAI*

1. AmeriCares: Who we are

AmeriCares is a nonprofit global health and disaster relief organization that delivers medicines, medical supplies and aid to people in need around the world and across the United States. Since it was established in 1982, AmeriCares has distributed more than \$11 billion in humanitarian aid to 164 countries.

With other programs such as Global Medical assistance and U.S. Medical Aid, Emergency Response is one of the core areas of work of AmeriCares. Our emergency response teams deliver lifesaving medical assistance and other urgently needed relief supplies after natural and man-made disasters. When it becomes clear that a longer-term response is needed, AmeriCares launches post-emergency programs initiatives to help impacted communities rebuild.

2. Japan Emergency and Post-Emergency Response

2.1. Our Initial Response to the Triple Disaster in Japan

The Earthquake and Tsunami of March 2011 brought unimaginable death and destruction. The severe damage to several nuclear power plants added another horrific dimension to the situation. AmeriCares began mobilizing within hours of the disaster, dispatching relief workers to Tokyo and Sendai to assess the health needs of survivors. We swiftly responded with an emergency airlift carrying medical aid for Tohoku University in Sendai. The air shipment followed a delivery of several tons of bottles of water and hygiene products for evacuees living in shelters in Miyagi prefecture. AmeriCares also provided immediate emergency grants (“flash grants”) to NPOs and local governments responding to the urgent needs of the disaster affected communities and individuals within the first two months of the disaster. AmeriCares supported cleaning up efforts, distribution of the hot meals, vehicles and other necessary goods for the response.

2.2 Helping Survivors Rebuild Their Lives and Regain Their Health

After responding to survivors’ immediate needs, we launched the “Japan Emergency Response and Recovery Grant Program” to provide continuous support for the survivors to rebuild their health and

* アメリケアズ : AmeriCares Japan Emergency Response and Recovery Program

lives. We focused on the following areas:

- Restoring access to health services
- Rebuilding damaged facilities
- Supporting mental health care and psychosocial projects

In this article, I will focus on psycho-social support program of AmeriCares in Japan.

3. Psychosocial Support Program

3.1. Why psychosocial support?

As an emerging research field among humanitarian aid agencies, the definition of psychosocial support varies in different organizations. At its core, psychosocial support concerns helping people and communities to improve their wellbeing and resilience. It is about encouraging connections between people as well as building a better sense of self and community.

Past disasters in Japan, such as the 1995 Great Hanshin Earthquake, have shown that affected people, particularly people in temporary housing complexes, are prone to isolation and depression, and even to suicide. Based on that understanding, the AmeriCares team believed that Tohoku's residents would require psychosocial support because they had survived a traumatic experience and suffered from loss. The team took immediate action to respond to that need.

In the emergency response phase, AmeriCares supported Psychosocial First Aid (PFA) trainings for NGOs, which aimed to help affected populations to help themselves. The training also helped first responders with self care strategies.

As the phase shifted from emergency response to recovery, the AmeriCares Japan team realized that needs for psychosocial support among the disaster affected populations was increasing. Among many changes survivors had to face, harsh living conditions in temporary housing, destruction of the original communities and support network, and uncertainty about future and economic difficulties were putting entire disaster hit communities into a cycle of stress, anxiety and depression.

The pyramid below shows that a relatively small number of people need clinical treatment by mental health care professionals such as psychiatrists as shown in the highest tier. A larger population, however, comprises the second and third tiers. This group requires support to improve their wellbeing and resilience as well as prevent the development of severe mental health problems.

After the disaster in Tohoku, the percentage of the first category of people who needed individual clinical treatment increased only several percent. The vast majority of people were accumulating stress and were at the risk of developing mental health problems. These people needed greater attention and

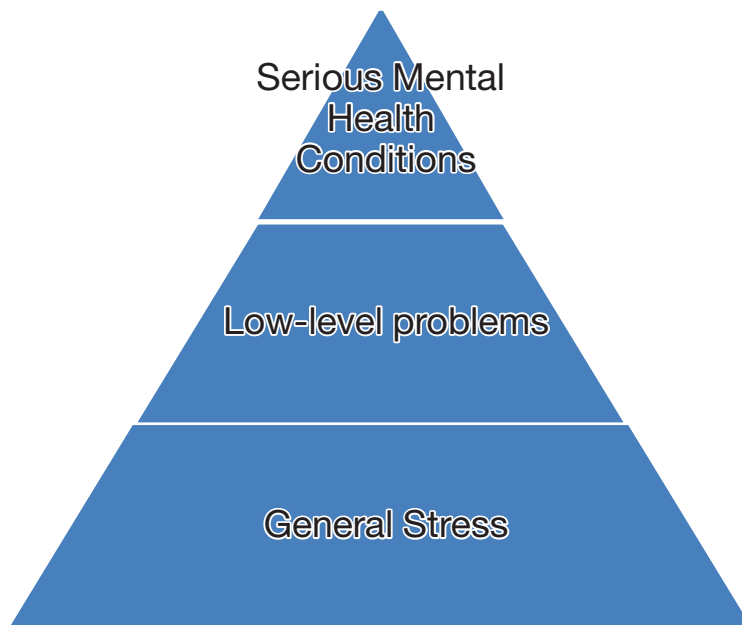


Fig. 1

community-based care.

AmeriCares, with our partner organizations, has developed 28 community-based psychosocial support programs as of November 19th, 2013. The projects include safe spaces for children, who are survivors of a severely affected community. In addition, funding has been provided for vulnerable groups such as mothers with infants and small children as well as counseling for supporters. One of the most successful projects for affected people in Tohoku utilized horticultural therapy.

3.2. Horticultural therapy

Gardening can help an individual's wellbeing. Some gardeners say that the process of growing vegetables and plants can reduce stress, enhance communications between people, strengthen physical condition, and improve our sense of responsibility. Also, most of us are aware that just being in garden environment, touching plants, smelling trees and flowers helps us to relax. Gardens calm us and reduce our stress. Gardening has been applied as part of a rehabilitation curriculum in prisons, hospitals and other facilities for people with mental illness and disabilities.

Gardens are an important part of life for people in rural Japan. In Tohoku, hatake (garden) or hatake shigoto (garden work, gardening) is part of people's daily life. People have small gardens in their house yard and grow vegetables for family and community consumption. They have sweet memories and positive feelings associated with their gardens and gardening. The AmeriCares team members heard many temporary housing residents say, "I want to touch soil again," or, "I want to work in a hatake again." The AmeriCares team realized how important garden and gardening is for the life and wellbeing of the residents.

From 2011 summer, AmeriCares started gardening projects in Tohoku aiming to utilize its holistic effects on psychosocial and physical wellbeing of people. Horticultural therapy activity was one of them.

In 2012 spring, AmeriCares launched a horticultural therapy program with its partner, Hope Worldwide Japan (HWWJ) in Watari-cho, Miyagi prefecture. The project targeted residents of 5 temporary housing complexes in the town. The activities are structured and facilitated by the professional therapists. According to the American Horticultural Therapy Association, horticultural therapy is “the engagement of a client in horticultural activities facilitated by a trained therapist to achieve specific and documented treatment goals” (American Horticultural Therapy Association, 2012). Horticultural therapists involve the participants in all phases of gardening and plant-based activities as a means of bringing about positive changes in their life.



Photo 1. Hakusai cultivation in Rikuzentakata
(Photo by Ramona Bajema)

Groups like the elderly and the disabled, who require assistance, enjoyed gardening and plant-based activities. Horticultural therapy enables them to engage in these activities. In the disaster affected coastal towns in Tohoku, around 30-40% of the population is over 65 years old. For many of those people, crouching as they work garden and planning their garden and plant-based activities on their own are not easy tasks. However, horticultural therapy in Watari-cho uses raised beds, so that participants can enjoy the activity comfortably sitting in a chair. Trained staff facilitates their activity plan and assists them in the participants' work.

Here, I would like to give an example of horticultural therapy session. In the case of HWWJ session, a therapy group usually has 10-15 participants and 2-3 therapists¹⁾. In the “Sowing Seeds of Hope” session, the participants plant various vegetable and flower seeds on trays. As they plant the seeds, the staff asks participants to imagine that someday the seeds will grow strong and bloom into beautiful flowers. This “nurturing” action is one of the keys of horticultural therapy as Matsuo (2002) says “horticultural



Photo 2. A participant enjoying a horticultural therapy session



Photo 3. The project staff (horticultural therapist) assists a participant

Communicating with other people who have shared experiences is an essential part of the horticultural therapy program.

therapy utilizes positive effects of plant nurturing acts (on human beings)".

Through this activity the therapists demonstrate that although their lives are hard now, the participant's lives will gradually improve. By asking the members to relate their own experience to the seeds, HWWJ staff develop a link between the activity and the participants' current condition. Following the activity, HWWJ staff and participants drink tea, while sharing their feelings.



Photo 4. Participants plant seeds

plants required her constant engagement. Taking responsibility for another living thing inspired and motivated her. The plants seem to transmit a power that energizes her.

During the Hope Worldwide Japan project's first phase held between June 2012 and July 2013, 350 people participated in the therapy sessions. Results illustrated that the project was beginning to bring some positive changes in their life.

Ms. Saito²⁾ (age 84) was one of those participants of HWWJ horticultural therapy sessions who benefitted from the program. She lost her elder brother in the tsunami. Ms. Saito could not think much beyond surviving when the earthquake and tsunami swept away her entire neighborhood. After the disaster, she gradually started thinking why she was still alive and questioned whether life was worth living. Ms. Saito joined HWWJ's therapy program one year after the disaster. She was moved by touching something living. Feeling the soil had a healing effect on her. Unlike making crafts, growing

Mr. Kouno³⁾ became mute due to the shock of the disaster. He has participated in the horticultural

therapy on five occasions. Even now, his voice has not recovered fully. Previously, he did not present his opinion after the horticultural therapy, owing to his lost willingness to speak. At the latest horticultural therapy in January, he was able to express his happiness to participate in the horticultural therapy and a sense of accomplishment, even with a small voice.

Ms. Saito and Ms. Kouno are just two examples of the many disaster affected people who live in temporary housing complexes in Watari-cho who benefited from the horticultural therapy sessions. Consistent and long term psychosocial support is necessary in order to improve the disaster affected population's wellbeing. The first year of the horticultural therapy activity was only the beginning, and AmeriCares with Hope Worldwide Japan is continuing the second year of the project in Watari-cho.

4. Conclusion

AmeriCares Japan started the psychosocial support program for the disaster survivors of Great East Japan Earthquake and Tsunami in 2011. Responding to disasters is not only about physical care and delivering necessary materials. Healing survivor's individual and communal post-disaster stress and anxiety is also necessary. With projects such as gardening and horticultural therapy programs, AmeriCares has been trying to promote wellbeing of the participants in Tohoku region. Psychosocial recovery of individuals and community from disasters requires long time. AmeriCares has completed the first phase of the horticultural therapy program in Watari-cho, Miyagi and is continuing the second phase with Hope Worldwide Japan.

Reference

Matsuo,E. 2002. Horticultural therapy and horticultural wellbeing; aiming physical and mental healings and health, improvement of QOL in relation to plants. pp.3-44. Matsuo Eisuke and Shoyama Yukihiro eds. "exploring amazing power of plants: seeking mental and physical healings and health". Kyushu daigaku syuppan kai (in Japanese). (松尾英輔 2002. 園芸療法と園芸福祉－植物とのかかわりで心身の癒しと健康、生活の質（QOL）の向上を目指す－. pp.3 - 44. 松尾英輔・正山征洋 編著『植物の不思議パワーを探る－心身の癒しと健康を求めて－』九州大学出版会)

American Horticultural Therapy Association. 2012. American Horticultural Therapy Association Definitions and Positions. PDF

Footnotes

- 1) Three Hope Worldwide Japan staff members were trained by Japan Society for Therapists of Horticulture and acquired the qualification of horticultural therapist from the same.
- 2) Ms. Saito's name has been changed to protect her identity.
- 3) Mr. Kouno's name has been changed to protect his identity.